

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)

SERIAL NO.  
477477

FILED DATE  
12/29/99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1. AMENDMENT		AFTER 2. AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
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36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL						
42							TOTAL						
43							TOTAL						
44							TOTAL						
45							TOTAL						
46							TOTAL						
47							TOTAL						
48							TOTAL						
49							TOTAL						
50							TOTAL						
TOTAL	19						TOTAL						
TOTAL	10						TOTAL						
TOTAL	25						TOTAL						